U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - TYTAS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| V = V millione ♥ | 7]/1/2005 Through: 12/31/2005 | |
|--|--|--|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
| Name MARK P SOBCZAK | Name TEAMSTERS LOCAL UNION NO. 20 | |
| | Labor Organization File Number 007-5 30 | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | |
| Street 2739 ALGONQUIN FXWY. | Street 435 SOUTH HAWLEY STREET | |
| City , TOLEDO | City TOLEDO | |
| State OHIO ZIP Code + 4 43606 -3711 | State OH10 ZIP Code + 4 43609 | |
| 5. Position in labor organization. | BUSINESS REPRESENTATIVE | |
| Language Control of the Control of t | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name | | |
| Trade Name, if any: | | |
| processing to a soul a soul and the soul and | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | |
| Street | | |
| | | |
| City | 4 . / 1 . | |
| State ZIP Code + 4 | | |
| Signature | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed Wark Sobzaka | on 5-10-20016 (419) 471-9506 | |
| | Date Telephone Number | |

MARK P. SOBCZAK

| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
|--|---|--|
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Ccde + 4 | 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | |
| C. Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TEAMSTERS LOCAL NO. 30 HEALTH WELFARE RANATRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 435 South Hawley Street City TOLEDO State OHIO ZIP Ccde + 4 43609 | 14.a. Nature of payment. PAYMENTS FOR TRAVEL AND LODGING EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS CONFERENCE IN NOV. 05 | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. # 3,042.50 | |

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|--|--|
| Name of Person Filing MARK P. SOBCZAI | File Number U- |
| B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization. | otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | 9. Business deals with: a. Labor Organization b. Trust c. Employer |
| City State ZIP Code + 4 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | 11.a. Nature of such dealing. |
| Street | 11.b. Approximate dollar value of such dealing. |
| City | 12.a. Nature of interest held or income received. |
| State ZIP Code + 4 | |
| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of mo | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name CONSTRUCTION INDUSTRY PAC Trade Name, if any: P.O. Box, Bldg., Room No., if any | 14.a. Nature of payment. CAMPAIGN CONTRIBUTION TO SOBCZAH FOR COUNCIL |
| Street 1845 COLLINGWOOD BLID. | |

14.b. Amount of payment.

TOLEDO

13.b. Is the Business an Employer

or Consultant

State OH10

4 300.00

MARK P. SOBCZAK

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| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Coce + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Rocm No., if any Street City State ZIP Coce + 4 ! | 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. |
| C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name REALTORS POLITICAL ACTION COMMITTEE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 E. TOWN STREET City COLUMIBUS State OHIO ZIP Code + 4 43015 | or other thing of value. 14.a. Nature of payment. CAMPAIGN CONTRIBUTION TO SOBCEALL FOR CONNCIL |
| 13.b. Is the Eusiness an Employer 13.b. Is the Eusiness an Employer 2 | 14.5. Amount of payment. ,#500.00 |

MARK P. SOBCZAK

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| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code ÷ 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name GALL ON & TAKACS, LPA Trade Name, if any: P.O. Box, Bldg., Rocm No., if any Street 35.16 GPANITE CIRCLE City TOLEDO State Offio IZIP Code + 4 [43617] | or other thing of value. 14.a. Nature of payment. CAMPAIGN CONTRIBUTION TO SOBLEAK FOR CITY COUNCIL 14.b. Amount of payment | |
| 13.b. Is the Business an Employer or Consultant? | \$ 1,150.00 | |

MARK P. SOBCZAK

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| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name CDS LAW Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2658 W. LASKEY ROAD City TOLEDO State OHO ZIP Code + 4 436/3 | 14.a. Nature of payment. CAMPAIGN CONTRIBUTION TO SOBCZAIL FOR CITY COUNCIL |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. 300.00 |